



2017 Vacation Bible School

Registration Form

(One form per child)



Sponsored by Faith United, First Christian, First Presbyterian, Trinity Episcopal, and Zion Lutheran

WHO: 3 year olds through 5th grade

WHEN: June 5-9

WHERE: Zion Lutheran Church
513 Sycamore Street
Muscatine



TIME: 9AM to Noon

*except on fieldtrip days for
2nd - 5th grade @ 2:30 PM*

**Lunch will be served to all grades!*

Tuesday/Thursday Fieldtrips 2nd - 5th only:

June 6 - Muscatine Art Center**

June 8 - Musser Library with Mrs. Julie Lear**



**** (drivers needed) Field trips may have an extra expense. Please indicate choice(s) below.**

One registration form per child!



Name _____

Age _____ Grade Completed _____

Congregation _____

2nd-5th Graders Fieldtrips ___ yes ___ no

Registration Fee \$10 per child _____ Trips (\$2.50 each) ___ June 6 ___ June 8

Registration Fee \$ + Indicated Fieldtrips = Total Amount\$ _____



****Please send a clean, cotton, white t-shirt**

With your child on the first day of VBS.

Registration deadline is May 26, 2017!





Vacation Bible School Permission and Emergency Release Form

My child, _____, has my permission to participate in activities of **Vacation Bible School 2017 at Zion Lutheran Church on June 5-9**. VBS is sponsored by Faith United, First Christian, First Presbyterian, Trinity Episcopal, and Zion Lutheran Churches.

I am familiar with the mode of transportation, the people involved with this trip, and other circumstances of the trip. I certify that my child is in good health and can participate in all normal activities of the group. I further certify that my child is current on immunizations. Listed are any health concerns regarding my child (diabetes, history of epilepsy, allergies, special diets, etc. – including any medicine being taken).

I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in an emergency. In case of sickness or accident, I authorize the treatment by a qualified and licensed medical doctor including hospitalization if necessary at my expense. In the event of sickness, accident, or disciplinary action, I will not hold the group leadership or Faith United, First Christian, First Presbyterian Church, Trinity Episcopal, or Zion Lutheran Church responsible.

Name, address, and phone number of person in case I cannot be reached in an emergency:

Name, address, and phone number of family physician: _____

Medical Insurance Company: _____ Policy Number: _____

This form is completed and signed of my own free will.

Signature of Parent or Legal Guardian: _____

Address and phone number: _____